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AMENDMENT TRANSMITTAL LETTER

Docket No.
SAE-0036

Application No.
10/542,217-Conf. #6601

Filing Date
July 15, 2005

Examiner
R. Li

Art Unit
1646

Applicant(s): Takao Shimizu et al.

Invention: NOVEL LYSOPHOSPHATIDIC ACID RECEPTOR

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	15	- 20 =	0	x 50.00	0.00
Independent Claims	5	- 5 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity

☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-0013
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☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Maulin M. Patel
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Attorney/Agent Reg. No.: 56,029

Dated: August 15, 2008

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DO NOT ENTER: /R.L./

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Takao Shimizu et al.

Application No.: 10/542,217

Confirmation No.: 6601

Filed: July 15, 2005

Art Unit: 1646

For: NOVEL LYSOPHOSPHATIDIC ACID
RECEPTOR

Examiner: Ruixiang LI

RESPONSE UNDER 37 C.F.R. 1.116

MS AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to a final office action mailed May 16, 2008, please amend the above-identified U.S. patent application and reconsider based on the enclosed remarks. Because this response is filed prior to a 3 month set deadline, extension of time fees are not owed. However, please charge any payment shortcomings to Deposit Account No. 18-0013.

Claim Amendments begin on page 2.

Remarks begin on page 6.